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## BIB DATA SHEET

CONFIRMATION NO. 9537

<b>SERIAL NUMBER</b> 10/510,276	<b>FILING or 371(c) DATE</b> 08/22/2005 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> JKJ-003US	
<b>APPLICANTS</b> Robyn O'Hehir, Melbourne, AUSTRALIA; Jennifer Rolland, Melbourne, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU03/00403 04/02/2003 <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA PS 1482 04/02/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /NORA MAUREEN ROONEY/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 59	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> LAHIVE & COCKFIELD, LLP FLOOR 30, SUITE 3000 ONE POST OFFICE SQUARE BOSTON, MA 02109 UNITED STATES					
<b>TITLE</b> Immunotherapeutic and immunoprphylactic reagents					
<b>FILING FEE RECEIVED</b> 2242	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		